

# PHYSICAL SECURITY EVALUATION GUIDE

(FOR LOCAL USE ONLY - Do not forward to higher authorities unless specifically requested)

## SECTION I - GENERAL PHYSICAL SECURITY

### PART A - GENERAL INFORMATION

#### 1. INDIVIDUAL(S) CONDUCTING SURVEY (Add additional names in Section IV)

a. NAME (Last, First, Middle Initial)

b. RANK/GRADE

c. ORGANIZATION

d. TELEPHONE NUMBER (Include Area Code)

e. SURVEY DATE (YYMMDD)

#### 2. DESCRIPTION OF FACILITY SURVEYED

DESCRIBE FACILITY (Activities, functions, facility(ies) to be protected, in accordance with DoD 5200.8-R)

#### 3. INDIVIDUAL(S) INTERVIEWED (Please continue in Section IV)

INTERVIEWEE 1  
(1)

INTERVIEWEE 2  
(2)

INTERVIEWEE 3  
(3)

a. NAME (Last, First, Middle Initial)

b. RANK/GRADE

c. ORGANIZATION

d. TELEPHONE NUMBER (Include Area Code)

#### 4. ATTACH PLOT PLAN OF THE ENTIRE FACILITY SHOWING:

- Compass rose showing north.
- All existing buildings and their function, all interior and exterior roads, all fences, and other physical barriers.
- Railroad sidings or main track.
- Airfield facilities including runways, taxiways, helipads, supporting utilities, or utilities lying beneath such surfaces.
- Location of gates (active and inactive).
- Any planned remodeling or expansion of facilities.
- If facility borders a body of water, also submit DD Form 2638.

#### 5. ATTACH AS-BUILT DRAWING OF THE OFFICE OR RESIDENCE STRUCTURE SHOWING:

- Construction of exterior and interior walls.
- Location of all windows, doors, and skylights.
- Location and size of all vents, utility openings, and other building penetrations.
- Electrical runs, outlets, and switches for all voltages.

#### 6. LOCATION OF FACILITY (Briefly describe appropriate category(ies)):

a. URBAN?

b. SUBURBAN?

c. INCORPORATED?

d. UNINCORPORATED?

e. GOVERNMENT INSTALLATION?

f. OTHER?

**WHEN FILLED IN**

<b>7. SOCIOECONOMIC ENVIROMENT</b> <i>(Briefly describe as applicable):</i>		<b>f. COMMENTS</b>						
a. RESIDENTIAL								
b. INDUSTRIAL								
c. COMMERCIAL								
d. AGRICULTURAL								
e. NEIGHBORING AREA IS <i>(Briefly describe as applicable):</i>								
(1) AFFLUENT								
(2) MIDDLE CLASS								
(3) POOR								
<b>8. AREA CRIME RATE</b> <i>(Briefly describe in applicable spaces):</i>								
a. HIGH?								
b. MODERATE?								
c. LOW								
<b>d. NEIGHBORHOOD VIOLENCE</b> <i>(Briefly describe as applicable in accordance with instructions):</i>								
(1) CIVIL UNREST								
(2) ROBBERIES								
(3) BURGLARIES								
(4) ASSAULTS								
(5) HOMICIDES								
(6) NARCOTICS TRAFFICKING								
(7) SEXUAL ASSAULTS								
(8) OTHER CRIMES <i>(Extortion/kidnapping/vandalism, etc.)</i>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">e. IS THERE A HISTORY OF LOSS AT THIS FACILITY?</td> <td style="width:10%;"></td> <td style="width:10%;">YES</td> <td style="width:10%;">NO</td> <td style="width:30%;">IF YES, COMPLETE 8f:</td> </tr> </table>				e. IS THERE A HISTORY OF LOSS AT THIS FACILITY?		YES	NO	IF YES, COMPLETE 8f:
e. IS THERE A HISTORY OF LOSS AT THIS FACILITY?		YES	NO	IF YES, COMPLETE 8f:				
f. TYPE OF LOSS		NUMBER OF TIMES (a)	VALUE (b)	DATE(S) (c)				
(1) PILFERAGE								
(2) INTERNAL THEFT								
(3) BURGLARY/BREAKING AND ENTERING								
(4) VANDALISM								
(5) PROPERTY LOSS								
(6) CRIMES AGAINST PERSONS								
g. COMMENTS <i>(Weapons used/tools used/modes of attack)</i>								

9. LAW ENFORCEMENT AGENCY HAVING JURISDICTION

a. AGENCY NAME

b. CHIEF/SUPERVISOR *(Last Name, First, Middle Initial)*

c. TELEPHONE NUMBER *(Include Area Code)*

d. LOCATION *(Include Street, City, State, and 9-digit ZIP Code)*

e. AVERAGE RESPONSE TIME

YES	NO	<i>(X and complete as applicable - if answer is No, explain why)</i>
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		10. IS LIAISON MAINTAINED WITH LOCAL AND STATE LAW ENFORCEMENT AGENCIES?
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		11. IS THERE AN ACTIVE SECURITY AWARENESS PROGRAM?
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		12. ARE BACKGROUND INVESTIGATIONS CONDUCTED PRIOR TO EMPLOYMENT OF PERSONNEL?
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a. CATEGORY(IES) OF PERSONNEL INVESTIGATED

b. EXTENT OF INVESTIGATION *(National Agency Check, Background Investigation, Special Background Investigation, etc.)*

13. NUMBER OF EMPLOYEES *(Fill in appropriate blocks)*

a. CIVILIAN

b. MILITARY

c. OTHER (Specify)

(1) GS PROFESSIONAL	(2) GS CLERICAL	(3) WAGE GRADE	(4) CONTRACTORS	(1) OFFICERS	(2) ENLISTED	
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14. ACCESS TO FACILITY

a. NUMBER OF PERSONNEL REQUIRING ENTRANCE AND EXIT TO STRUCTURE/OFFICE AREA DURING THE FOLLOWING TIME PERIODS:

(1) 0001 - 0400	(3) 0801 - 1200	(5) 1601 - 2000
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(2) 0401 - 0800	(4) 1201 - 1600	(6) 2001 - 2400
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b. COMMENTS *(Regarding access, by time of day, type of employee, etc.)*